City of Lawson, MO 103 S. Pennsylvania Ave. PO Box 185 Lawson, MO 64062



Phone: 816-580-3217 FAX: 816-580-3914 cstephan@lawsonmo.gov

Application for Occupational License for Lawson, MO

2020-2021

Annual City License valid July 1st – June 30th

You must provide the City with:

- □ Certificate of Liability Insurance \$300,000 per occurrence and
- □ \$600,000 on a general aggregate basis
- ☐ Certificate of Workman's Compensation
- "NO TAX DUE" Certificate from the State of Missouri
- □ \$25.00 Business License Fee made payable to the City of Lawson

Date of Application					
Type of Organization	Individual	Partnership Non-Profit	Corpor	ration nmental	LLC Other
Missouri Tax Number					
Federal ID Number					
Description of Business					
Does your business consist of	Retail Sales	es no			
Legal Name of Business					
Trade Name of Business (DBA	.)				
Physical Location					
(NOT A PO BOX)					
	BUSINESS PHONE:	()			
	MOBILE PHONE:	()			
	EMAIL ADDRESS				
mailing address					
Contact Person		Contact Pho	ne ()	
Contact Email		Contact FAX	()	

Applications will not be accepted without acknowledgement of receipt for the following information:



<mark>(Initial)</mark>			
	SMo. Knowingl	y employing or hiring unautho	orized alien to perform work
Applicant is hereby inform from knowingly employing perform work in the State request of the Missouri Att	g, hiring for em of Missouri. Ful orney General ed aliens, that t	rthermore, applicant is information to provide identity information he Attorney General is author	nploy an unauthorized alien to ed that if it fails to respond to a on regarding any persons
For Contractor Only: I am	aware of the	EPA Lead Law.	
(Initial) EPA Renovation, (EPA-740-F-08-001, March	•	inting Program rule: Title 40, P	art 745, Subpart E information
Owner/Representative	Signature		-
	Title		-
	Date		-

Please indicate with initials that you have read and/or received information on the following: